

Name
in
Full

Henry Fudde

CERTIFICATE OF DEATH

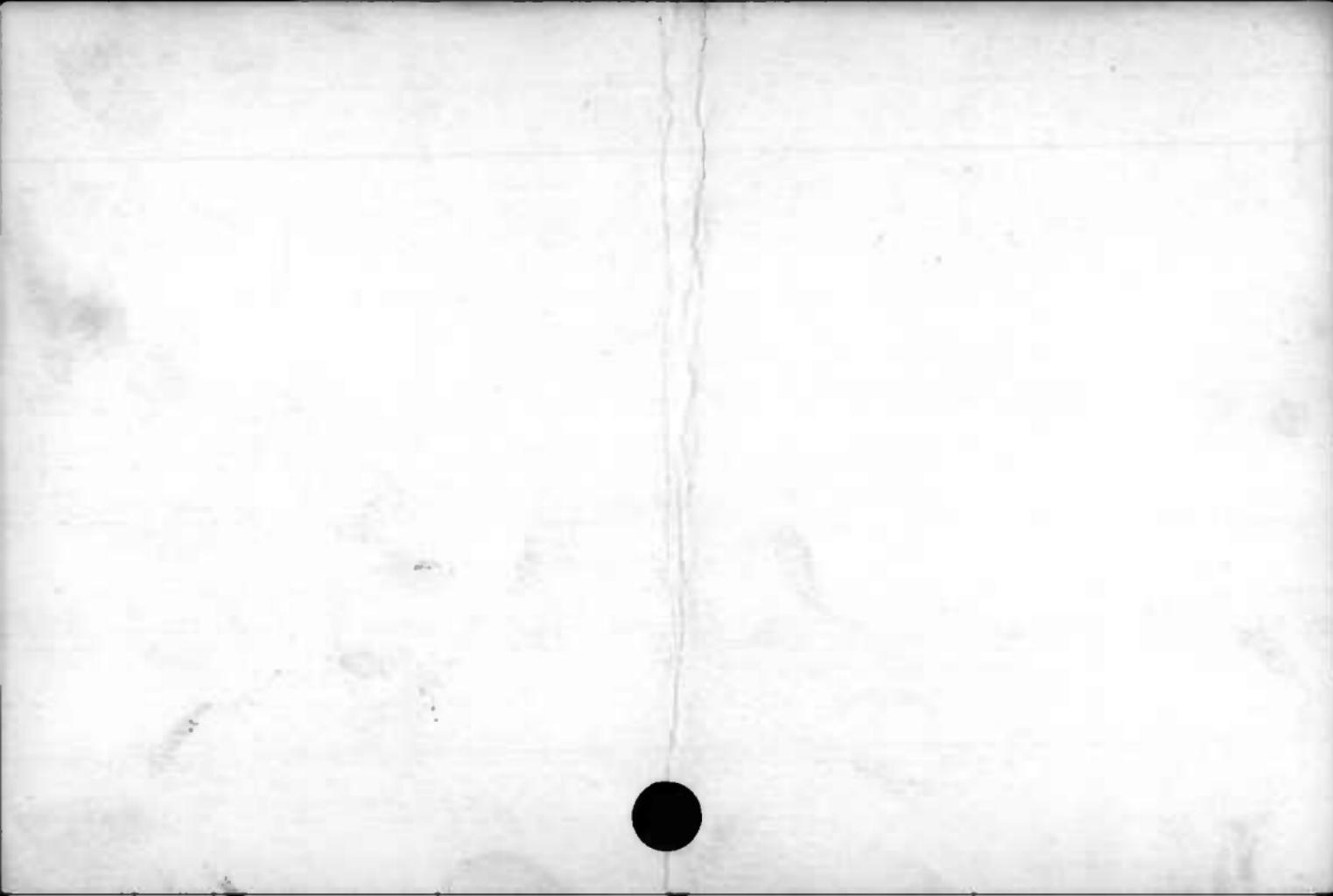
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Baltimore	County Pr. Geo. Md.	MARYLAND		
Date of death 1903	Month 2	Day 19	Years 66	Age 66	Months —	Days —
Sex Male	Color or Race White	Occupation Farmer		Birth- place Eastern Shore, Md.		
Married, Single or Widowed Married	Name of Wife or Husband Louisa Grimes Fudde		Father's Name —			
Father's Name —	Mother's Maiden Name —		Father's Birthplace —			
Name of person giving Information Edith S. White	Mother's Birthplace —		How related to deceased Daughter			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Atherosclerous arteritis	How long Ten years
Immediate Cerebral haemorrhage	How long six hours
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician E. D. Livingston, M.D.
Address Rosecroft Rd.	
Accident or Suicide?	



Name
in
Full

Francis H. Andrews (Andrews)

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Age	County	MARYLAND		
Date of death 1903	Month Feb	Day 19	Years 68	Months	Days	
Sex Male	Color or Race White	Occupation	Birth-place	bed		
Married, <u>Single</u> or Widowed						
Name of Wife or Husband	— Grimes					
Father's Name	Leuknord			Father's Birthplace	bed	
Mother's Maiden Name	Leuknord			Mother's Birthplace	Leuknord	
Name of person giving Information	Dr Simpson			How related to deceased	house	

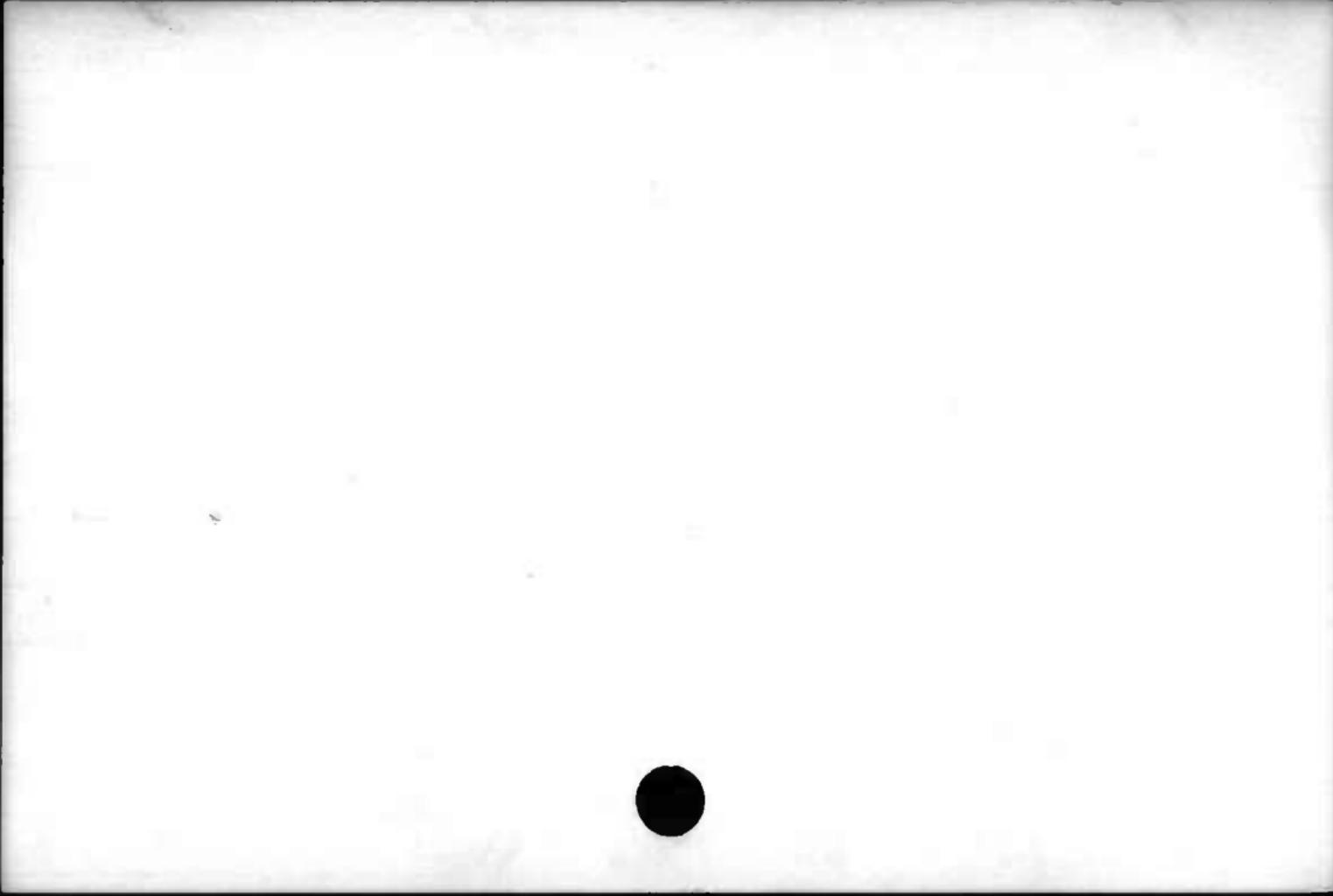
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Haemorrhage of brain	How long
Immediate	Asthma	How long
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician
		Address

John Cleary
Chinlors

Witnessed & signed?



Name
in
Full

William Barnes

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County					
Died at Hyattsville	Prince George					
Date of death 1903	Month Feb.	Day 23	Age 70	Years	Months 6	Days 18
Sex Male	Color or Race White	Birth-place Phila. Pa.				
Married Single or Widowed Single	Occupation Midwayer	None				
Name of Wife or Husband Lydia Barnes (deceased)						
Father's Name Lot Barnes	"	Father's Birthplace Montgomery Co. Pa.				
Mother's Maiden Name Mary Barnes		Mother's Birthplace				
Name of person giving information Elizabeth Barnes		How related to deceased Daughter				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Cardiac Asthma

How long

Six Months

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Dr. A. W. Wells

Hyattsville Md

Accident or Suicide?



Name
in
Full

Martha Beall

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>over half an hour</u>		Town <u>Baltimore</u>	County <u>Baltimore</u>	MARYLAND		
Date of death 1903	Month <u>Feb</u>	Day <u>24</u>	Age <u>75</u>	Years <u>75</u>	Months	Days
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place				
Married, Single & Widowed	Occupation <u>Hausfrau</u>					
Name of Wife or Husband	<u>George Beall</u>					
Father's Name	Father's Birthplace					
Mother's Maiden Name	Mother's Birthplace					
Name of person giving Information	How related to deceased <u>79</u>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Tuberculosis of the heart

How long

one year

How long

Immediate

Heart failure

Are the name, age, sex, color, date and place correctly given above?

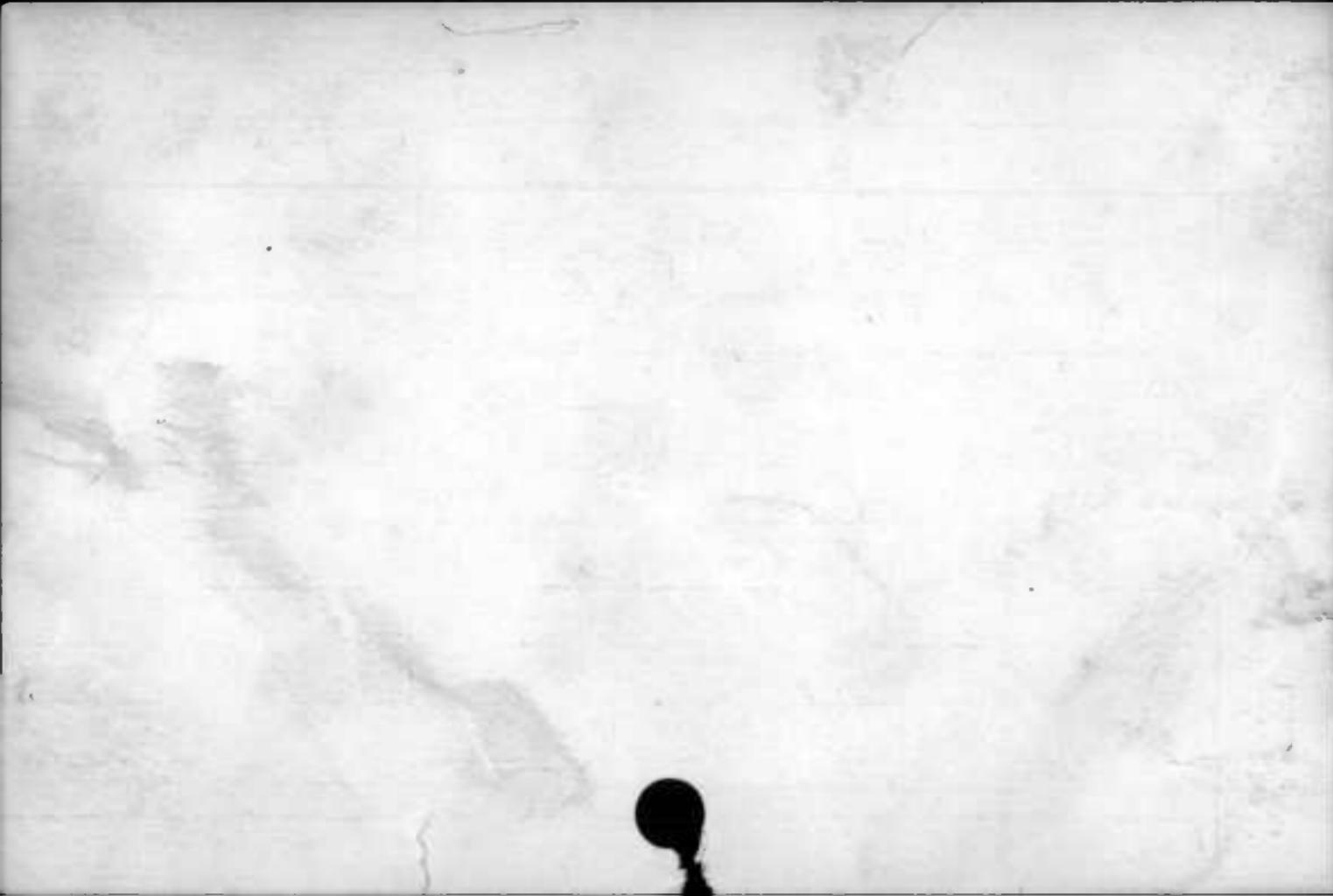
Signature of Physician

Address

J. M. Durrall M.D.
Springfield Ind.



Accident or Suicide?



Charles Bauder

Town

County

MARYLAND

Died at

Riverdale

Prince George's

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903

Feb

3

Age

about 65 yrs

Divorced

Retired Baker

Male

White

Married

Widow

~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

4

Husband of Mrs Chas Bauder

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Paralysis

6

How long sick

2 weeks

Death

Immediate

Accident, Suicide, Homicide

Reported by

W. J. Park

MD

Address

Hyattsville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

John O. Brady.

CERTIFICATE OF DEATH

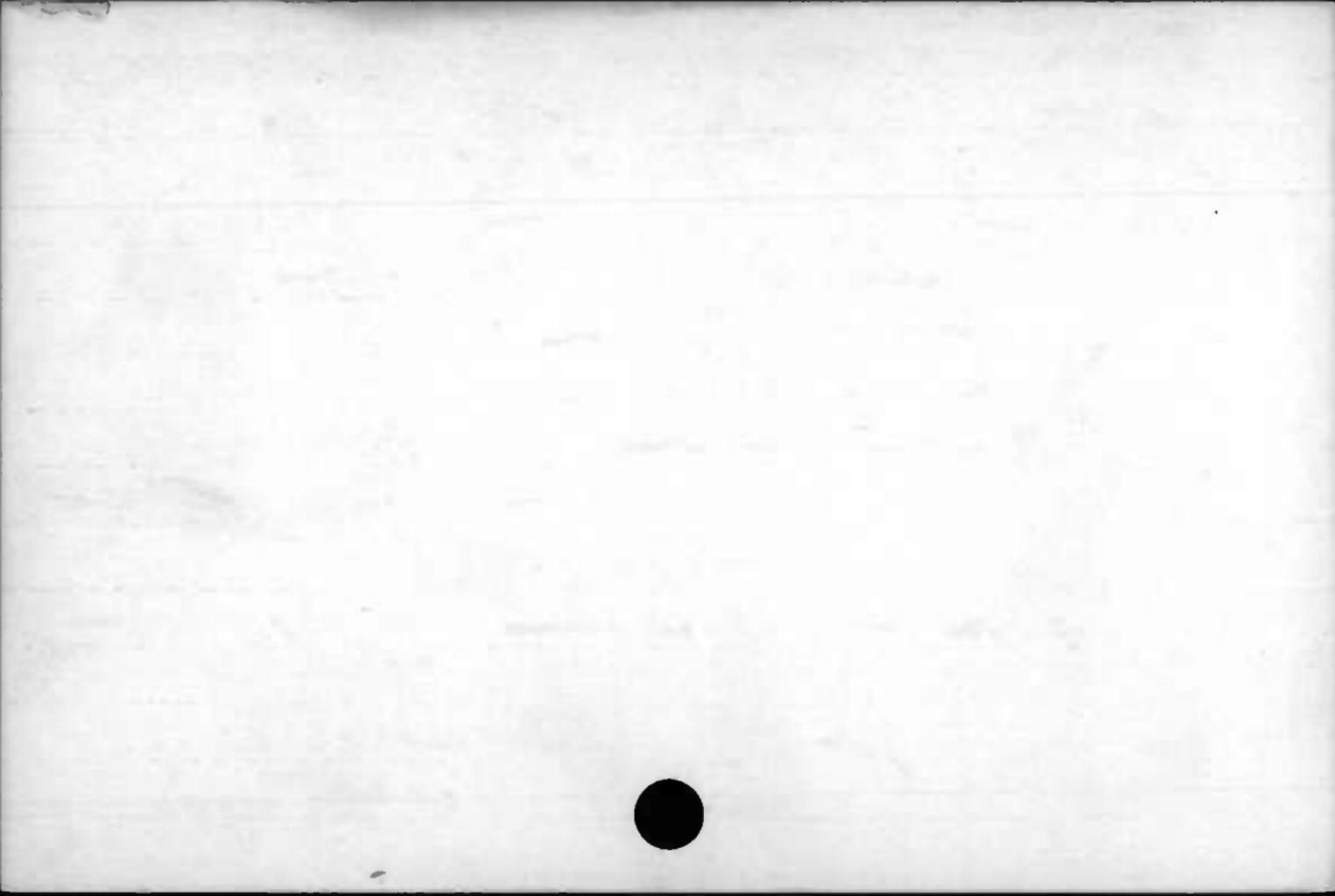
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Gorokville		Prince George		MARYLAND	
Date of death 1903	Month	Day	Age 80	Years	Months	Days	
Sex	Male	Color or Race	white	Birth- place	Md		
Married, Single or Widowed	Married		Occupation	Former			
Name of Wife	Addie V. Brady.						
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving Information	Addie V. Brady			How related to deceased	wife		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Dilatation Heart 79	How long	1 year
Immediate	Pulmonary engorgement.	How long	20 days.
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	John E. Sandbury
		Address	Gorokville Md.
Accident or Suicide?	neither		



Name
in
Full

Thomas Mervine

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at home at home		Town Brooklyn Brooklyn	County Queens Queens	MARYLAND		
Date of death 1903	Month 2	Day 3	Age 35	Years	Months	Days
Sex male	Color or Race colored		Birth-place Charles Co			
Married, Single or Widowed	Married		Occupation Labourer			
Name of Wife or Husband	Kenny Dyer					
Father's Name	Thomas Mervine		Father's Birthplace Charles Co			
Mother's Maiden Name	Elijah Marin		Mother's Birthplace Charles Co			
Name of person giving information	Sydney Harrison		How related to deceased Brother			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis		How long 1 year
Immediate	2		How long
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician Harry Haller	Address 1111 Broadway
Accident or Suicide?	Med.		



John Cacbran

Died at

Town

Laurel

County

Prince Ge.

MARYLAND

Date <u>9/3</u>	Month <u>Feb</u>	Day <u>20</u>	Y. <u>28</u>	M. <u>28</u>	D. <u>28</u>	Native of <u>Md</u>	Occupation <u>Labours</u>
Male	White	Married	Widow	Divorced			
Female	Colored	Single	Widower			Number of children living	

Husband of

Wife

Father's Name

Michael Cacbran

Mother's Name

Morgan Cacbran

Cause of Death

Primary

Pneumonia

How long sick

20 days

Immediate

Tuberculosis

Accident, Suicide, Homicide

Reported by

W. F. Taylor MD

Address

Laurel Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Eva M DeVaughn

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1903	Month Feb	Day 19	Age 1	Years	Months 10	Days 6
Sex	Female	Color or Race	White		Birth-place	Md	
Married, Single or Widowed	Single		Occupation		—		
Name of Wife or Husband							
Father's Name	Alice DeVaughn				Father's Birthplace	Md	
Mother's Maiden Name	Eva Ridgeway				Mother's Birthplace	Md	
Name of person giving Information	Alice DeVaughn				How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Grippe
Pneumonia

10

How long

6 days

How long

8 "

Immediate

Are the name, age, sex, color, date and place correctly given above?

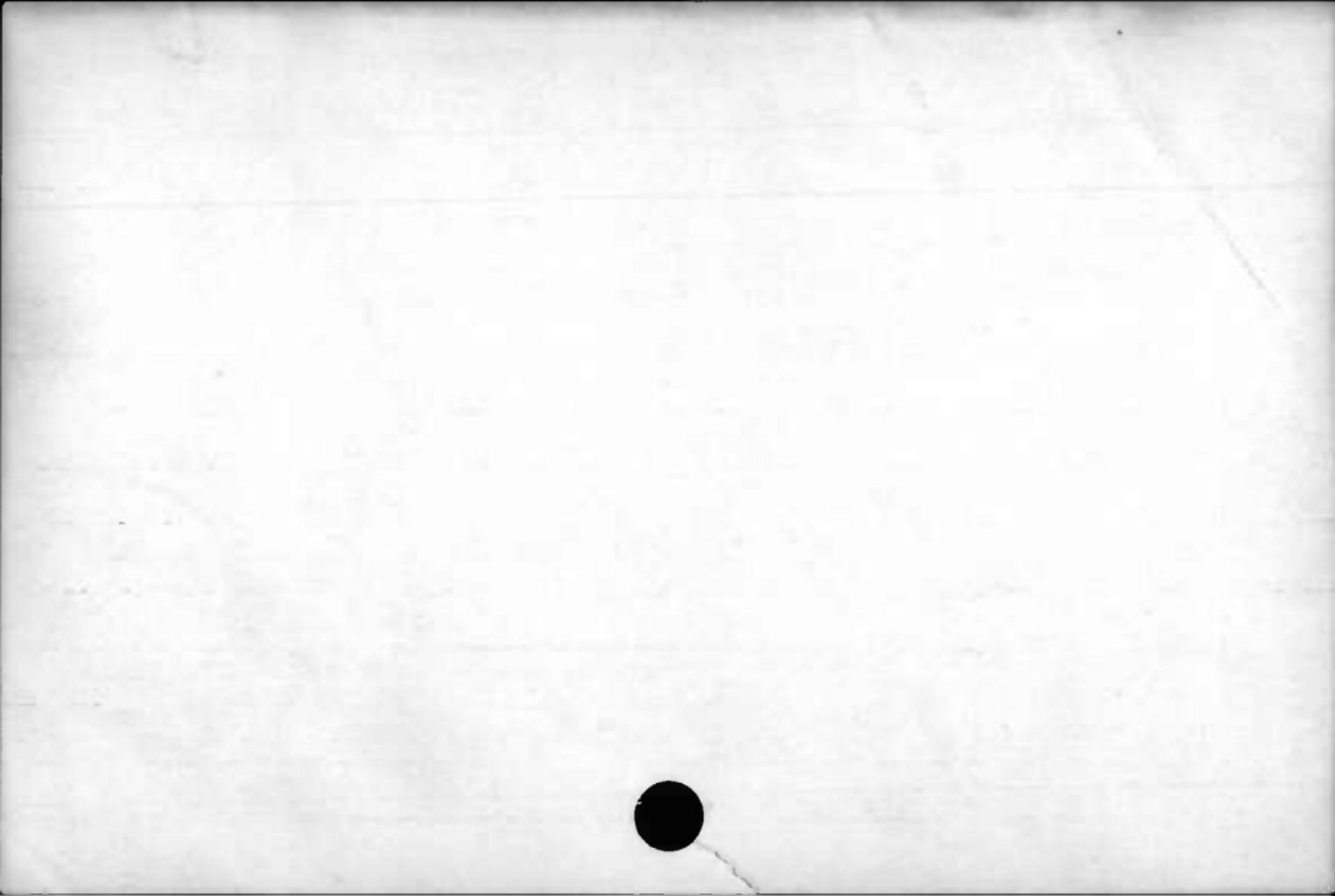
yes

Signature of Physician

Address

John E Lansbury
Forestville

Accident or Suicide?



James A. Dorsey.

Town T. B.County Pr. Geo.

Died at

MARYLAND

Date 1903

Male

Month FebDay 9thY. 1M. yearD. Native of Md

Occupation

Female

White

Age 1 year

Married

Widow

Divorced

Colored

Single

Widower

Number of children living one

Husband of

Wife

Father's

Name

James Dorsey

Mother's

Name

Julia Dorsey

Cause of

Primary

Pneumonia, - 93

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

J. W. B. Latimer

Address

T. B. Prince George Co. Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Sydney Thomas Dyson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died - Year		Town	County		MARYLAND	
Date of death 190	Month	Day	Age	Years	Months	Days
3	2	16	48	9		
Sex	Male	Color or Race	Colored	Birth-place		
Married, Single or Widowed	Married	Occupation	Farmer			
Name of Wife or Husband	Sophia Gilbert					
Father's Name	Alfred Dyson					
Mother's Maiden Name	Elizabeth Tyles					
Name of person giving Information	Sophia Dyson					
wife						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pulmonary Tuberculosis

How long

3 mos -

How long

27

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Harry B. Alley
Prestonbury

Address

Accident or Suicide?



Daniel Garrett

Town

County

Died at

Dorsey Hill

Prince George County

MARYLAND

Date 1903

Month Feb

Day 26

Y.

M.

D.

Native of

Occupation

Male

White

Female

Colored

Age 5 days

Married

Widower

Single

Widower

Divorced

Number of children living

1

Husband

Wilson B. Garrett

Wife

Wilson B. Garrett

Father's

Name

Wilson B. Garrett

Mother's

Name

Elizabeth Garrett

Cause of

Primary

Feb 21

Died 26

How long sick

Death

Immediate

3 days sick

Accident, Suicide, Homicide

Reported by

151

Address

Baltimore Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

J. J. Miller

LITERARY BUREAU, 79898



Name
in
Full

Joseph H. Gardner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Bladensburg</u>			County <u>Prince Geo</u>		MARYLAND	
Date of death <u>1903</u>	Month <u>Feb</u>	Day <u>19</u>	Years <u>41</u>	Age <u>41</u>	Months	Days
Sex <u>Male</u>	Color or Race <u>Black</u>	Occupation <u>Walter</u>		Birth-place <u>Da</u>		
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Emily Gardner</u>		Father's Name <u>Don't know</u>		Father's Birthplace <u>Don't</u>	
Mother's Maiden Name <u>" "</u>					Mother's Birthplace <u>by own</u>	
Name of person giving information <u>Wife Emily Gardner</u>					How related to deceased <u>Wife</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Vol. disease of heart & mind about 8 months
How long
Immediate

How long
How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

79
Yes

J. Richardson
Gardiner Md

Accident or Suicide?

Fredo. Prince 200 ad.
Baudouine

Name
in
Full

Bora Green

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at Mellwood		Town P. G. B.		County	
Date of death 1903	Month 2	Day 28	Age —	Months 3	Days —
Sex Female	Color or Race Black	Occupation		Birth- place Mellwood	
Married, Single or Widowed					
Name of Wife or Husband					
Father's Name Unknown			Father's Birthplace Dont Know		
Mother's Maiden Name Maggie Green			Mother's Birthplace P. G. B.		
Name of person giving Information John Green			How related to deceased Uncle		

CAUSES OF DEATH

Primary Unknown	179	How long —
Immediate Unknown		How long —
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician No physician saw it.	Address !
Yes		
Accident or Suicide?		



William H. Grimes

Town

County

Died at

Cedarcille

Baltimore Co.

MARYLAND

Date 1903

Month 2 Day 17

Y.

M.

D.

Age 62

Native of Md

Occupation Carpenter

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living 3 -

Husband of

Elizabeth Grimes

Father's Name

Harrison Grimes

Mother's

Maiden Name

M. Clegg

Cause of

Primary

Consumption

How long sick

3 months

Death

Immediate

Suffocation

27

Accident, Suicide, Homicide

Reported by

John A. Cox

Address

713.

Md

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Charles Hammond

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Place	County		MARYLAND	
Date of death 1903	Month 2	Day 1	Years 25	Months	Days	
Sex Male	Color or Race Colored	Birth- place				
Married, Single or Widowed Single	Occupation Laborer					
Name of Wife or Husband						
Father's Name	190		Father's Birthplace			
Mother's Maiden Name			Mother's Birthplace			
Name of person giving Information	Elou Behrend		How related to deceased		None	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

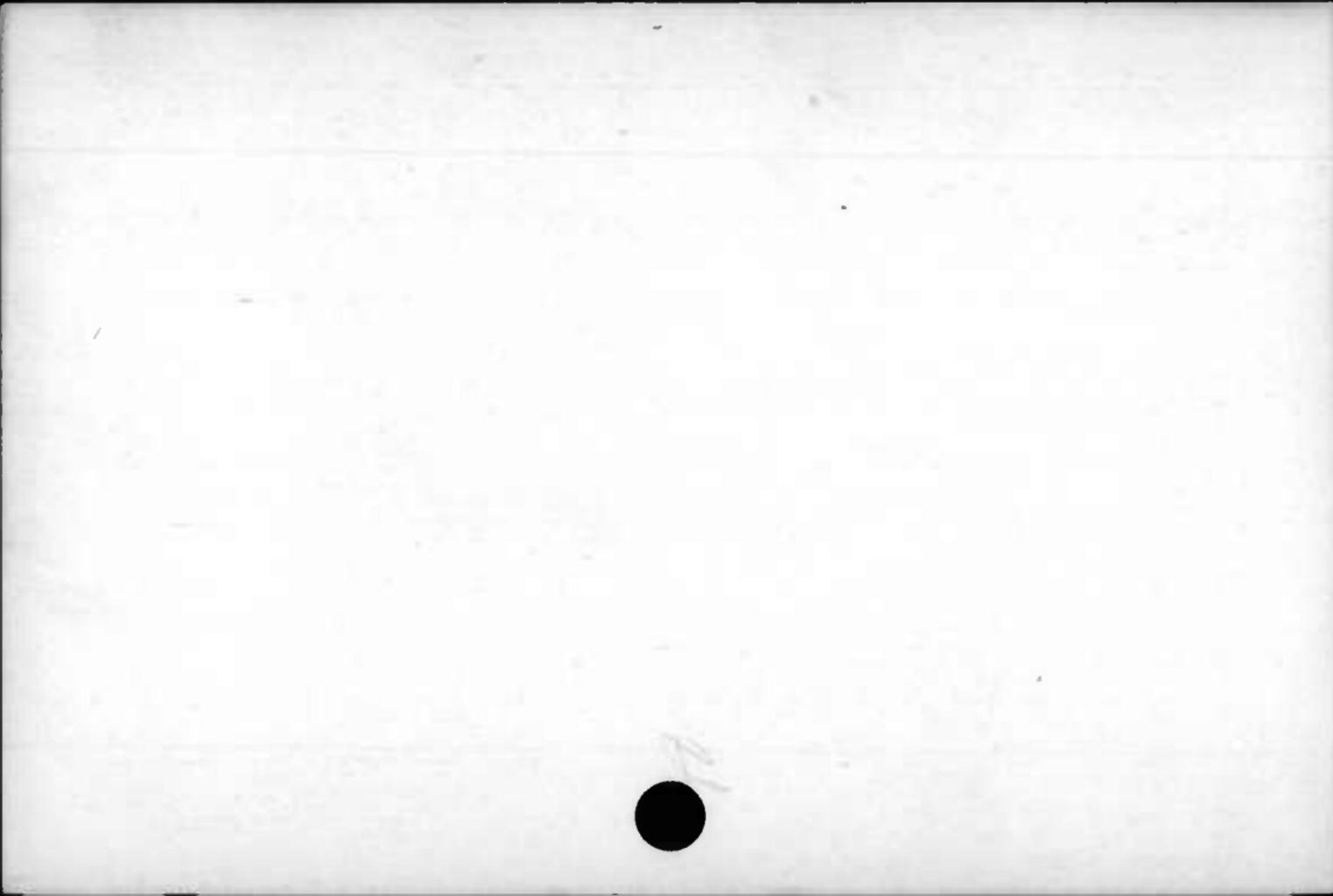
Signature of
Physician

Address

Accident or Suicide?

neither

John E. Sainsbury
Montgomery
Md.



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

James Harrison

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND		
Date of death 1903	Month Feb	Day 16	Age 1	Years 1	Months 1	Days —	
Sex Male	Color or Race	Colored		Birth- place Md.			

Married, Single
or Widowed

Occupation

Name of Wife or
Husband

Father's
Name

Mother's
Maiden Name

Name of person giving
Information

Jacob Harrison

Louise Brooks

Jacob Harrison

Father's
Birthplace

Md.

Mother's
Birthplace

Md.

How related
to deceased

Sister.

CAUSES OF DEATH

Primary

9W

How long

Immediate

Blepharitis Crop

2 days

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

John E Rawlsbury
Dorchester Md.

Accident or Suicide?



Name
in
Full

Emma J Harvey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Died at	Brentwood	Prince Geo.	Months	Days
Date of death	1903	Month Feb	Day 6	Years 60
Sex	Male	Color or Race White	Birth-place	M.d.
Married, Single or Widowed	Married	Occupation House wife	M.d.	
Name of Wife or Husband	Lhasa Mrs. Harvey - M.d.			
Father's Name	Benedict A. Pease M.d.			
Mother's Maiden Name	Elizurth Gosth M.d.			
Name of person giving information	Florence L Pease Daughter			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Val. disease of heart 79 yrs

How long

How long

Immediate

Strangulation

Signature of Physician
Address

Are the name, age, sex, color, date and place correctly given above?

Accident or Suicide?

Name
in
Full

Sadie Hawkins

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>our Collington</u>		County <u>Prince George</u>		MARYLAND	
Date of death <u>1903</u>	Month <u>Feb</u>	Day <u>18</u>	Age <u>56</u>	Years	Months
Sex <u>Female</u>	Color or Race <u>Black</u>	Birth-place <u>Anne Arundel Co. Md.</u>			
<u>Married, Single or Widowed</u>	Occupation <u>House work</u>				
Name of Wife or Husband					
Father's Name	<u>John Hawkins</u>			Father's Birthplace	<u>Prince George Co.</u>
Mother's Maiden Name	<u>Eliza Thomas</u>			Mother's Birthplace	<u>Prince George Co.</u>
Name of person giving information	<u>John Hawkins</u>			How related to deceased	<u>Brother</u>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pneumonia & both lungs

How long

5 days

Immediate

Heart failure

How long

93

Are the name, age, sex, color, date and place correctly given above?

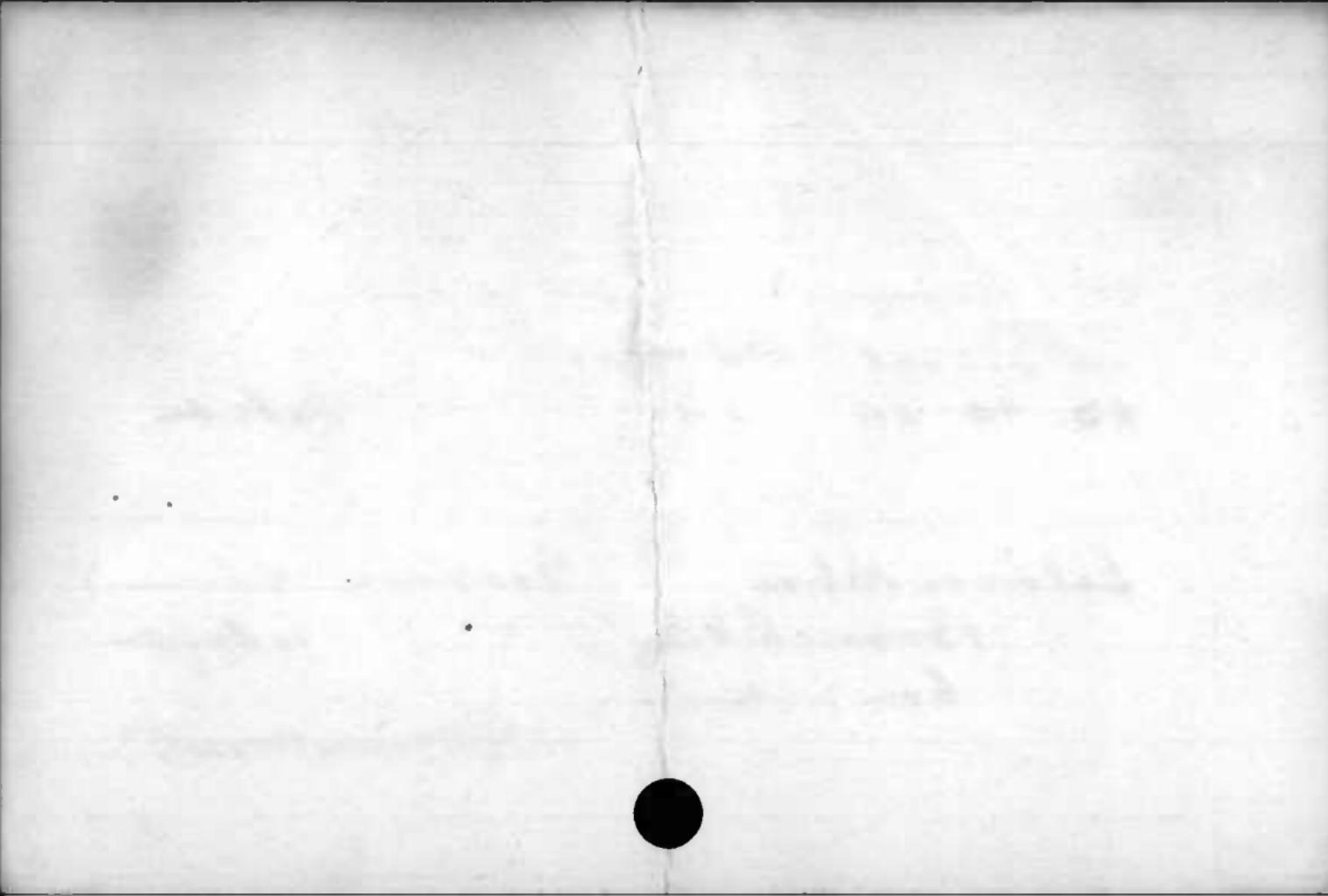
Yes

Signature of Physician

Address

John M. Knapp M.D.
Springfield Md.

Accident or Suicide?



Georgianna Hebron

Died at

Llanel

County
La Grd

MARYLAND

Date 19

03 Feby 26

Month

Day

Y.

M.

D.

Age
37
Married

Widow

Native of

U.S.

Occupation

A. W.

Female

Colored

Single

Widower

Divorced

Number of children living

4

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

How long sick

6 mo

Death

Immediate

Accident, Suicide, Homicide

Reported by

John R. Hebron

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Baby of Sol. Hebron

Died at

Laurel County
Laurel Pa Geo

MARYLAND

Date 19

03 Feb 24

Month

Day

Y.

M.

D.

Native of

Occupation

Safarik

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's Name

Solomon Hebron

Mother's Maiden Name

Georgiana Hebron

Cause of Death

Primary

Bronchitis

90

How long sick

10 days-

Immediate

Bronchitis

Accident, Suicide, Homicide

Reported by

J. Robert M.D.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>Halls</u>		Town	Prince George Co.		County		MARYLAND	
Date of death 1903	Month February	Day 20	Age	Years	Months	Days	2 weeks	
Sex <u>Girl</u>	Color or Race <u>Colored</u>	Birth-place <u>Halls</u>		Occupation				
Married, Single or Widowed								
Name of Wife or Husband								
Father's Name	<u>James Henson</u>			Father's Birthplace <u>Halls</u>				
Mother's Maiden Name	<u>Maria Johnson</u>			Mother's Birthplace <u>Halls</u>				
Name of person giving Information	<u>James Henson</u>			How related to deceased <u>Father</u>				

CAUSES OF DEATH

Primary <u>Asthenia</u>	How long <u>2 weeks</u>
Immediate <u>—</u>	How long <u>151</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>MacLane Woodward Jr.</u>
<u>Yes</u>	Address <u>Halls, Prince George Co., Md.</u>
Accident or Suicide?	



Name
in
Full

Mary A Holland

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death 1903	Month	Day	Years	Age	Months	Days
Sex	Female	Color or Race	Colored		Birth-place	Levittown Md
Married, Single or Widowed	Married		Occupation	Housewife		
Name of Wife or Husband	Robert Holland					
Father's Name	Unknown		Father's Birthplace			
Mother's Maiden Name	Mary Johnson		Mother's Birthplace	Pr. Gd Co		
Name of person giving information	Robert Holland		How related to deceased	Husband		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pulmonary Phthisis

How long

2 years

Immediate

No Physician at time death

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

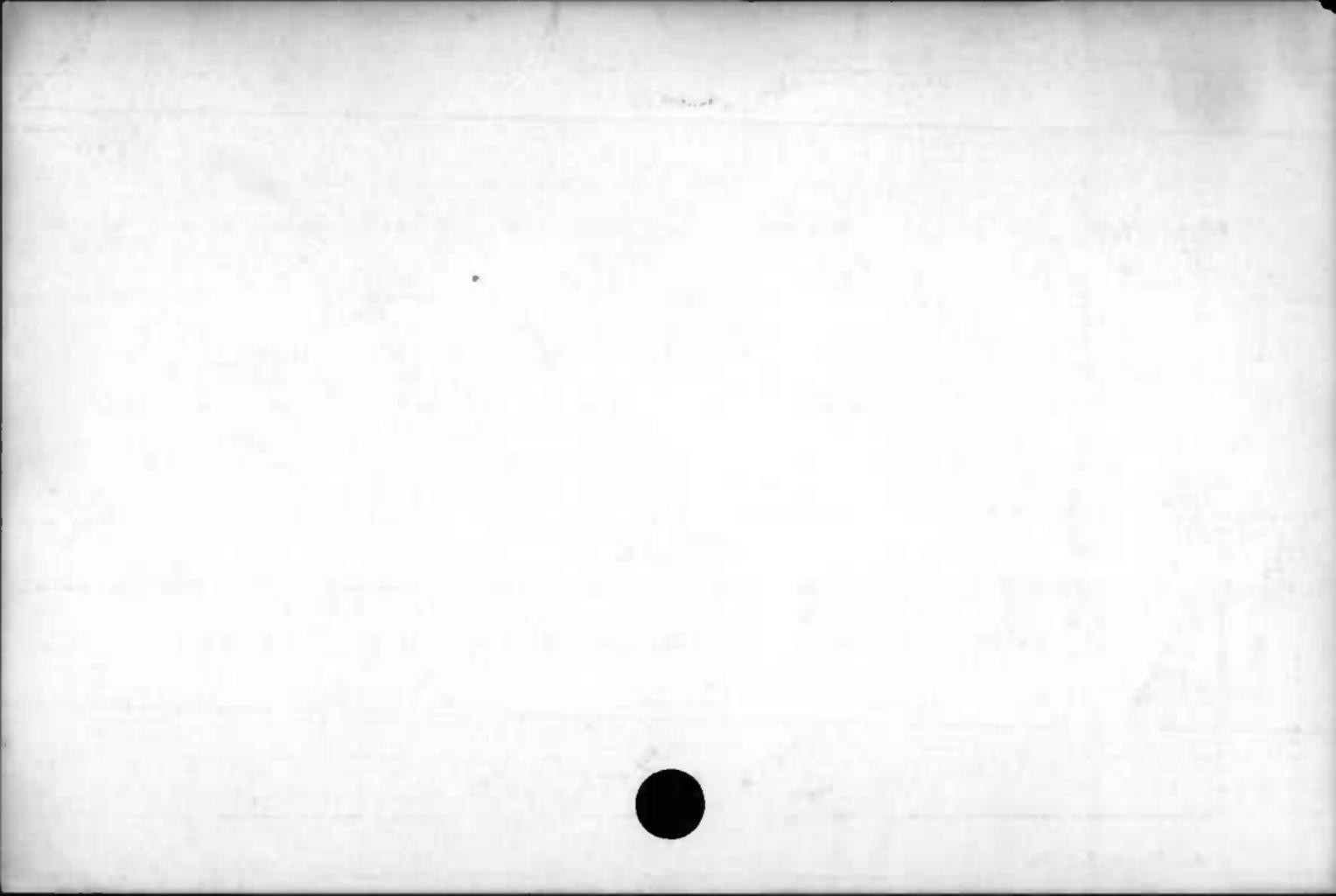
Address

W. H. Gibbs M.D.

Levittown

Ind

Accident or Suicide?



Annie Jackson

MARYLAND

Died at	Town	County	
	Wallingham	A Geo	
Date 1903	Month	Day	
	Feb	3	
Male	Age	Y. M. D.	Native of
	23		md
Female	Married		Occupation
	Colored		Cook
Husband of	Single		
Wife			
Father's Name	Asberry Jackson	Mother's Maiden Name	Marah Hilliam
Cause of Death	Primary: Pulmonary Consumption	How long sick	8 months
	Immediate: Suffocation		Accident, Suicide, Homicide
Reported by	W. G. Gibbons M.D.		27
Address	Crown Md		

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Leora Johnson

Town

Brandywine

County

Dr. Lee

MARYLAND

Died at

Brandywine

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

03

Month

Feb 3-

Age

3

- -

md

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's

Name

Cause of

Primary

Death

Immediate

Mother's
Maiden Name

Maiden Name

Mary Johnson

How long sick

2 mo.

93

Accident, Suicide, Homicide

Reported by

Dr Latimer

Address

G. B" mcl

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Louis Carl Klein

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Bladensburg	Prince Geo.	Months	Days	
Date of death 1903	Month Feb	Day 25	Years		
Age			Months	6	
Sex Male	Color or Race White	Birth-place Maryland			
Married, Single or Widowed	Single	Occupation Housewife			
Name of Wife or Husband					
Father's Name	John Klein				
Mother's Maiden Name	Pauline Wotmaier				
Name of person giving information	John Klein				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Pneumonia How long 3 days

Immediate 93 How long

Are the name, age, sex, color, date and place correctly given above?

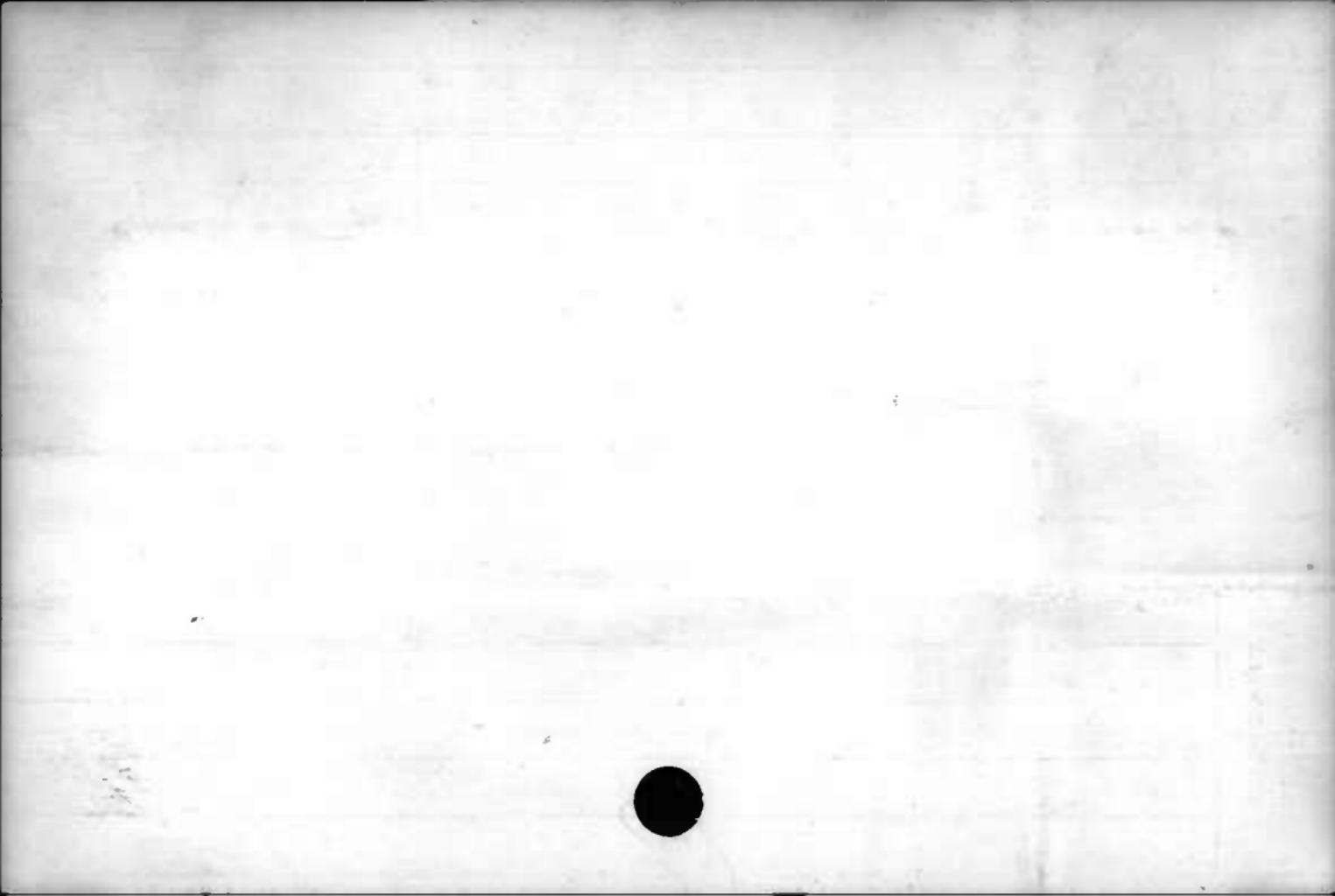
yes

Signature of Physician

Address

V L Petty
Hyattsville Md

Accident or Suicide?



Died at

Town

North Hager

County

Prince Geo

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Age

27 yrs.

Native of

Md

Occupation

Housewife

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's Name

Cause of

Death

Reported by

Address

John R. Lee

Danl. Walker

Mother's

Maiden Name

Louisa

Sly

Septicemia

How long sick

Heart failure

6 weeks

W.H. Gibbons M.D.

Accident, Suicide, Homicide

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Edward Lloyd Perrie

Town

County

MARYLAND

Died at

Aqua as co

Date

11/19/03

Month

5

Day

Y.

M.

D.

Native of

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's Name

Cause of

Death

Reported by

Address

Mother's Name

Mary Ann Perrie

Edward L Perrie

Getting thoroughly chilled

How long sick

Primary

During a very inclement day

Sudden

Immediate

Congestion of brain & lungs

Accident, Suicide, Homicide

W. R. Latimer, M.D.

Aqua as, Md.

95



Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Ellen Pinkney.

Town

County

Died at

Brandywine.

MARYLAND

Date 1903

Month Day

Y. M. D.

Native of

Occupation

Male

White

Age 6

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

William Pinkney

Mother's

Maiden Name

Ida Dent.

Cause of

Primary

Measles

How long sick

5 days

Death

Immediate

Congestion of Lungs.

Accident, Suicide, Homicide

Reported by

James Hawkins.

Brandywine

Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



James Henry Pinkney.

Town

County

MARYLAND

Died at

Brandywine

Prince Georges

Date 1903.

Month Day

Y. M. D.

Native of

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's Name

William Pinkney

Mother's

Maiden Name

Ida Dent.

Cause of

Primary

Measles

How long sick

12 days.

Death

Immediate

Pneumonia.

Accident, Suicide, Homicide

Reported by

Warren Perrie.

Address

Brandywine.

Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



William Gosten Pinkney.

Town		County		Occupation	
Brandywine.		Prince George's		MARYLAND	
Month	Day	Y.	M.	D.	Native of
2	11	8	6	—	Md.
Male	White	Age	Married	Widow	Divorced
Female	Colored		Single	Widower	Number of children living

Husband of

Wife

Father's Name

William Pinkney

Mother's

Maiden Name

Ida Bent.

Cause of Death

Primary

Measles.

How long sick

4 days.

Death

Immediate

Accident, Suicide, Homicide

Reported by

William Mc Porter.

Address

Brandywine,

Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Elizabeth Ellen Proctor

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cedarville</u>				County <u>Park</u>	MARYLAND	
Date of death <u>1903</u>	Month <u>2</u>	Day <u>10</u>	Age <u>68</u>	Years	Months	Days
Sex <u>Female</u>	Color or Race <u>Negro</u>	Occupation <u>Housewife</u>		Birthplace <u>MD</u>		
Married, Single or Widowed <u>Widowed</u>						
Name of Wife or Husband <u>Jan</u>						
Father's Name <u>James Hanley</u>					Father's Birthplace <u>MD</u>	
Mother's Maiden Name <u>Mary Norman</u>					Mother's Birthplace <u>MD</u>	
Name of person giving information					How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Gripper

10

How long

2 mo

Immediate

Heart failure

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

John A Cor MD

J.A.C.

MD

Accident or Suicide?



Name in Full

Certificate of Death

Walter Reese

Town

Muskink

County

P.G.

Died at

MARYLAND

Date 1903

Month Feb

Day 6

Y.

M.

D.

Age 33

Name of

Ba.

Occupation

Laborer

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Mother's

Name

Name

Cause of

Primary

Tuberculosis

How long sick

6 months

Death

Immediate

aschemia

Accident, Suicide, Homicide

Reported by

W T Taylor

Address

Laurel



Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Mary H. Robinson

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Died at	Marlboro		P. Geo			
Date of death 1903	Month	Day	Years		Months	Days
Sex	Female	Color or Race	Black	Occupation	P. Gw. Mcl	
Married, Single or Widowed	Married	House wife				
Name of Wife or Husband	William Robinson					
Father's Name	Thornton Holmes			Father's Birthplace	Carolina Co. Va	
Mother's Maiden Name	Do not know			Mother's Birthplace	Caroline Co. Va	
Name of person giving Information	E. Hawkins	How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Cancer Intestines 41

How long

Ten months.

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

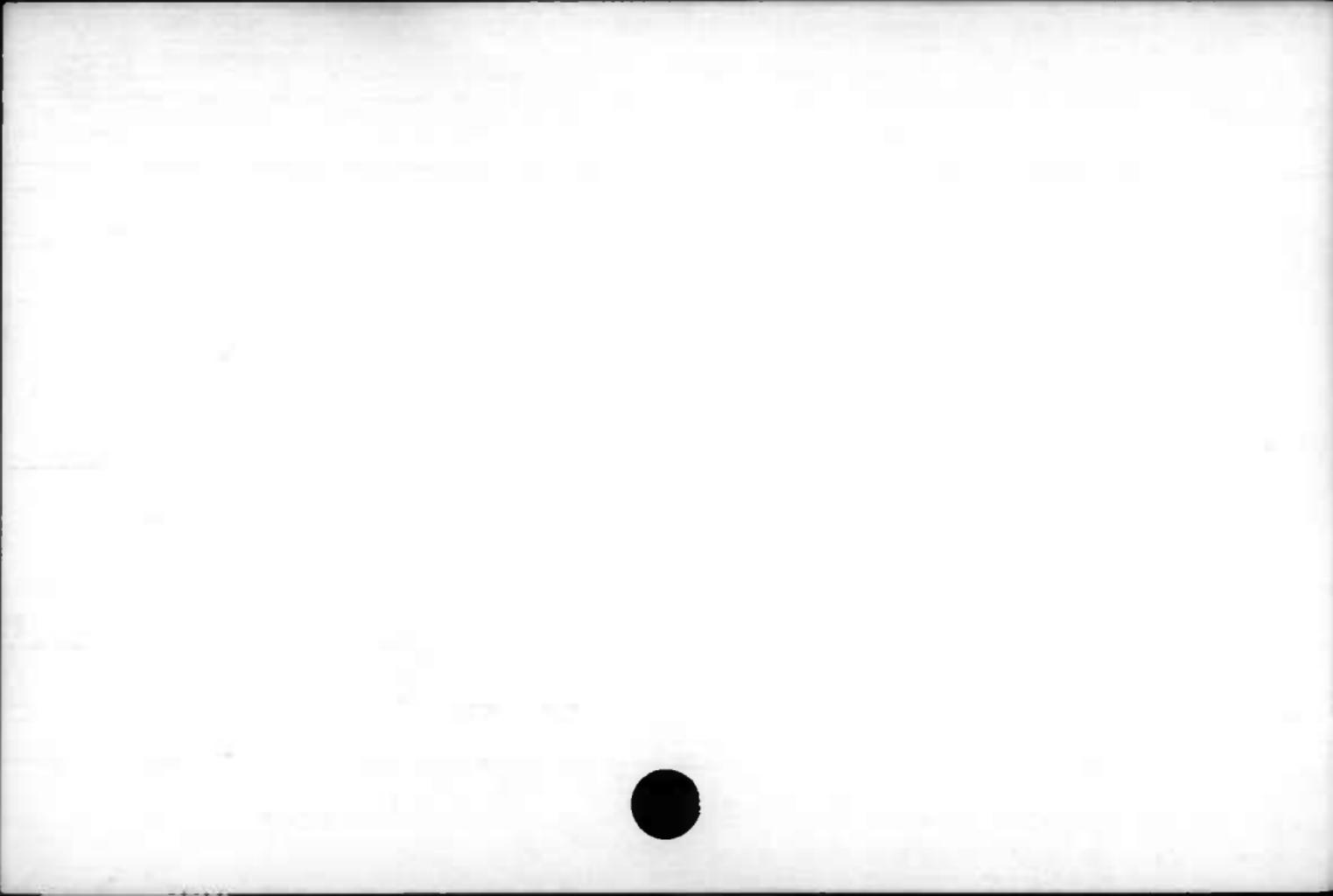
Signature of
Physician

Address

Reverdy Passer
Upper Marlboro

Q

Accident or Suicide?



Name in Full

Certificate of Death

Robert Limms

Town

Beaufort

County

Prince George

MARYLAND

Died at

Date 1903

Month

Day

Y.

M.

D.

Native of

Male

Age 68

4

1903

Occupation

July 6

Married

Widow

Companion

White

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's Name

John Limms

Mother's

Maiden Name

Sarah Brown

Cause of Death

Primary

Apolique

How long sick

Immediate

(a)

Accident, Suicide, Homicide

Reported by

C. A. Fox

Address

Beaufort



Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death 1903	Month	Day	Years	Months	Days		
Sex	Male	Color or Race	Occupation				
Married, Single or Widowed							
Name of Wife or Husband							
Father's Name	George Sims				Father's Birthplace		
Mother's Maiden Name	Rosa Sims				Mother's Birthplace		
Name of person giving information		How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Spasms* How long

Immediate *2* How long

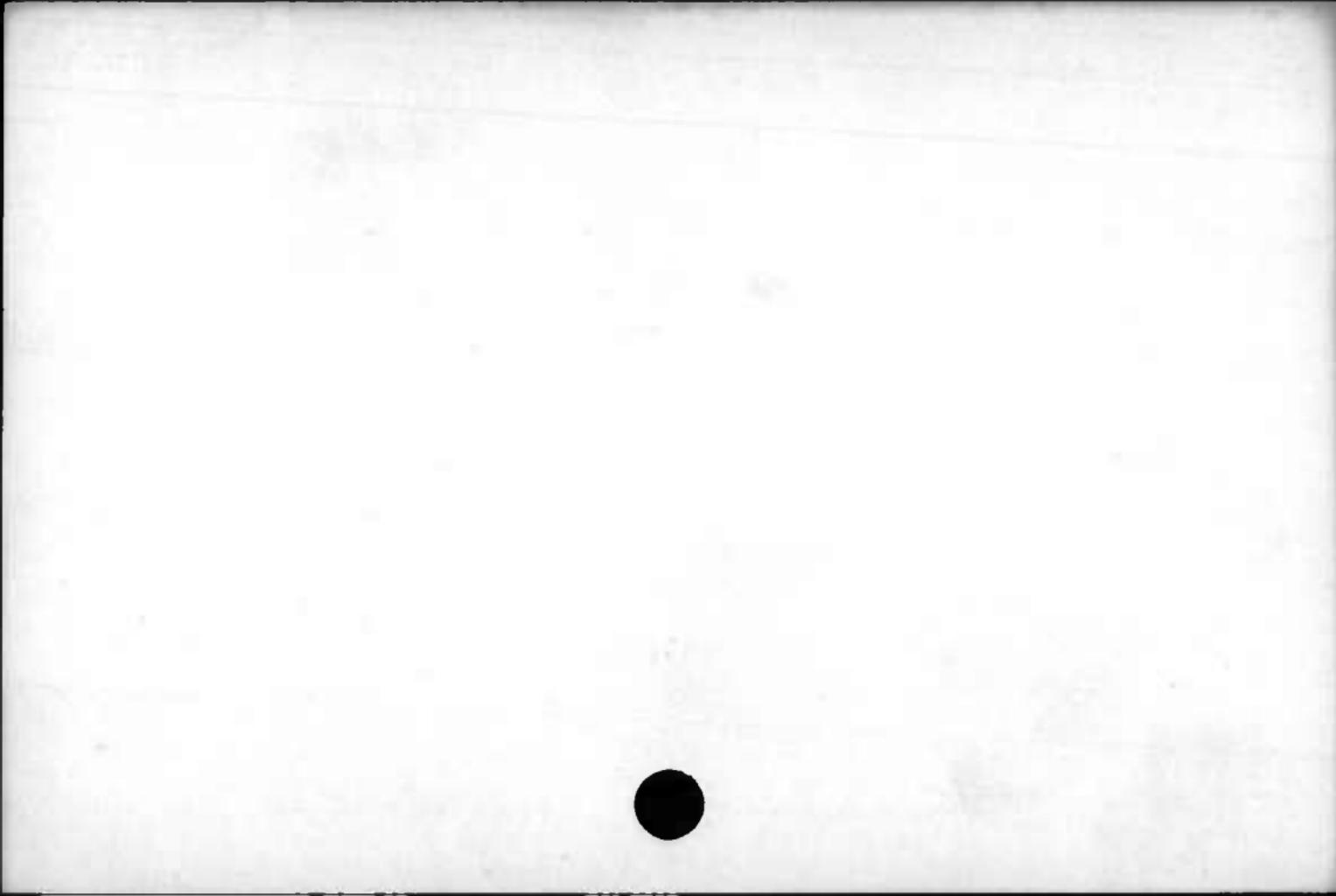
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

*Lucinda B. Bole,
Oxon Hill, Md.*

Accident or Suicide?



Name
in
Full

Harriet Sly

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Baden</u>		Town <u>Pr. Gw</u> County		MARYLAND	
Date of death <u>1903</u>	Month <u>Feb</u>	Day <u>19</u>	Age <u>84</u>	Months	Days
Sex <u>Female</u>	Color or Race <u>Colored</u>	Occupation <u>Midwife</u>		Birth-place <u>Lehias Co</u>	
Married, Single or Widowed <u>Widow</u>					
Name of Wife or Husband <u>Henry Sly</u>					
Father's Name <u>Sam Stewart</u>			Father's Birthplace <u>Lehias Co</u>		
Mother's Maiden Name <u>Maggie Stewart</u>			Mother's Birthplace <u>Lehias Co</u>		
Name of person giving Information <u>John Walker</u>			How related to deceased <u>Grandson</u>		

CAUSES OF DEATH

Primary <u>Apoplexy</u>	How long <u>2 days</u>
Immediate <u>Cat</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>W H Gibbons M.D</u>
	Address <u>Levona</u>
Accident or Suicide? <u>No</u>	

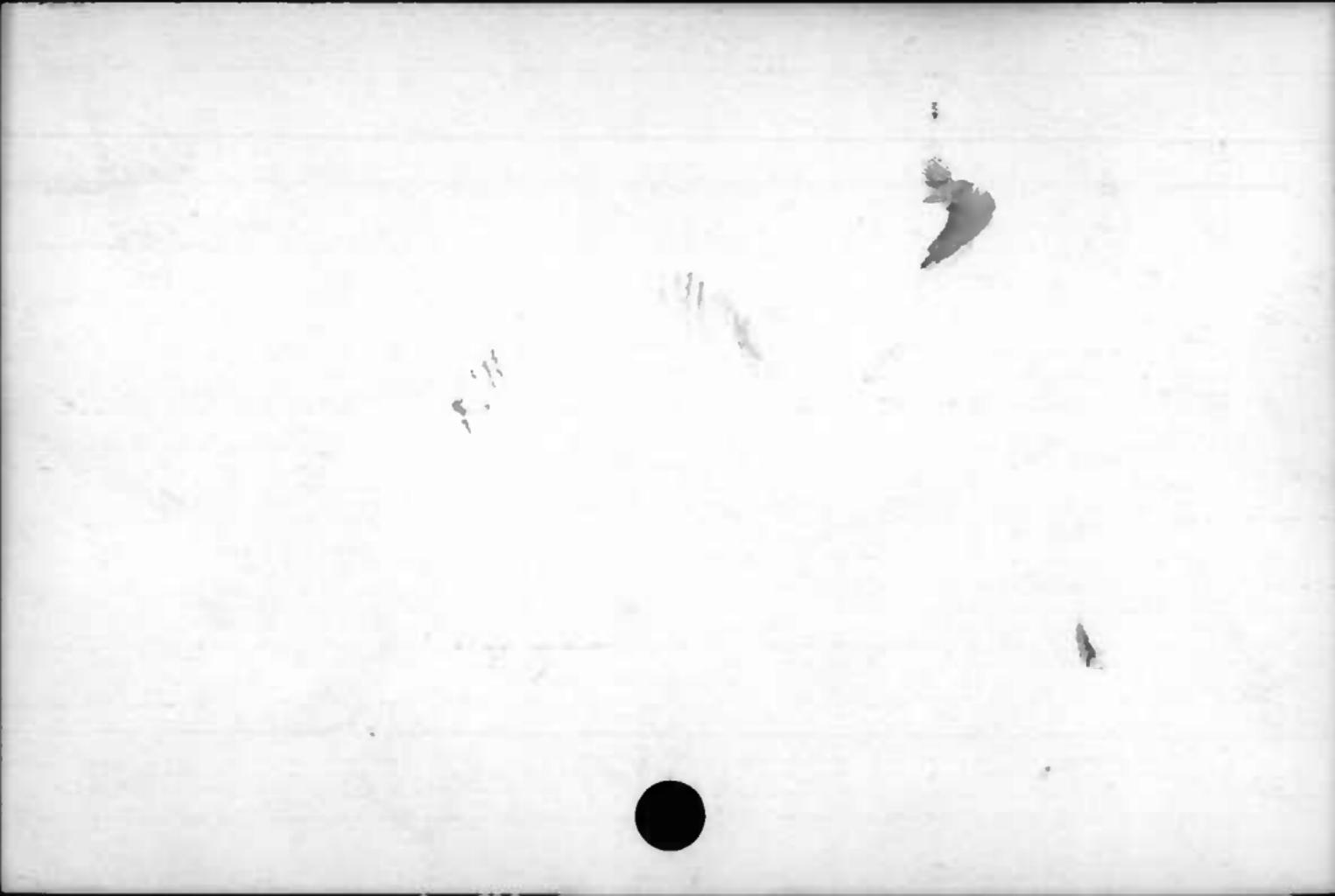
PHYSICIAN
OR CORONER

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

<i>John Thomas</i>					CERTIFICATE OF DEATH		
Died at		Town	Prince County		MARYLAND		
Date of death 1903	Month Feb	Day 15	Years 1	Months 6	Days —		
Sex Male	Color or Race Colored	Occupation —		Birth- place Md.			
Married, Single or Widowed or Widowed							
Name of Wife or Husband —							
Father's Name William Thomas			Father's Birthplace Md				
Mother's Maiden Name Mary Rosier			Mother's Birthplace Md				
Name of person giving Information William Thomas			How related to deceased Father				
CAUSES OF DEATH							
Primary not known			How long —				
Immediate Heart failure	199			How long —			
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician <i>John E. Snodgrass</i>					
		Address <i>Forrestville Md</i>					
Accident or Suicide?							



Name
in
Full

Constant Stewart Previtt

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Laurel</u>		Town		County <u>Prince George Co</u>		MARYLAND	
Date of death <u>1903</u>	Month <u>February</u>	Day <u>2</u>	Age <u>79</u>	Years <u>7</u>	Months <u>7</u>	Days <u>28</u>	
Sex <u>Male</u>	Color or Race <u>White</u>	Occupation <u>Clark</u>					
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Susan Ann</u>						
Father's Name <u>Constant Previtt</u>	Father's Birthplace <u>New England</u>						
Mother's Maiden Name <u>Louisa</u>	Mother's Birthplace <u>(uninformed)</u>						
Name of person giving information <u>Clarence L. Previtt</u>	How related to deceased <u>Son</u>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Apolthy

How long

24 hours

Immediate

ext

How long

Are the name, age, sex, color, date and place correctly given above?

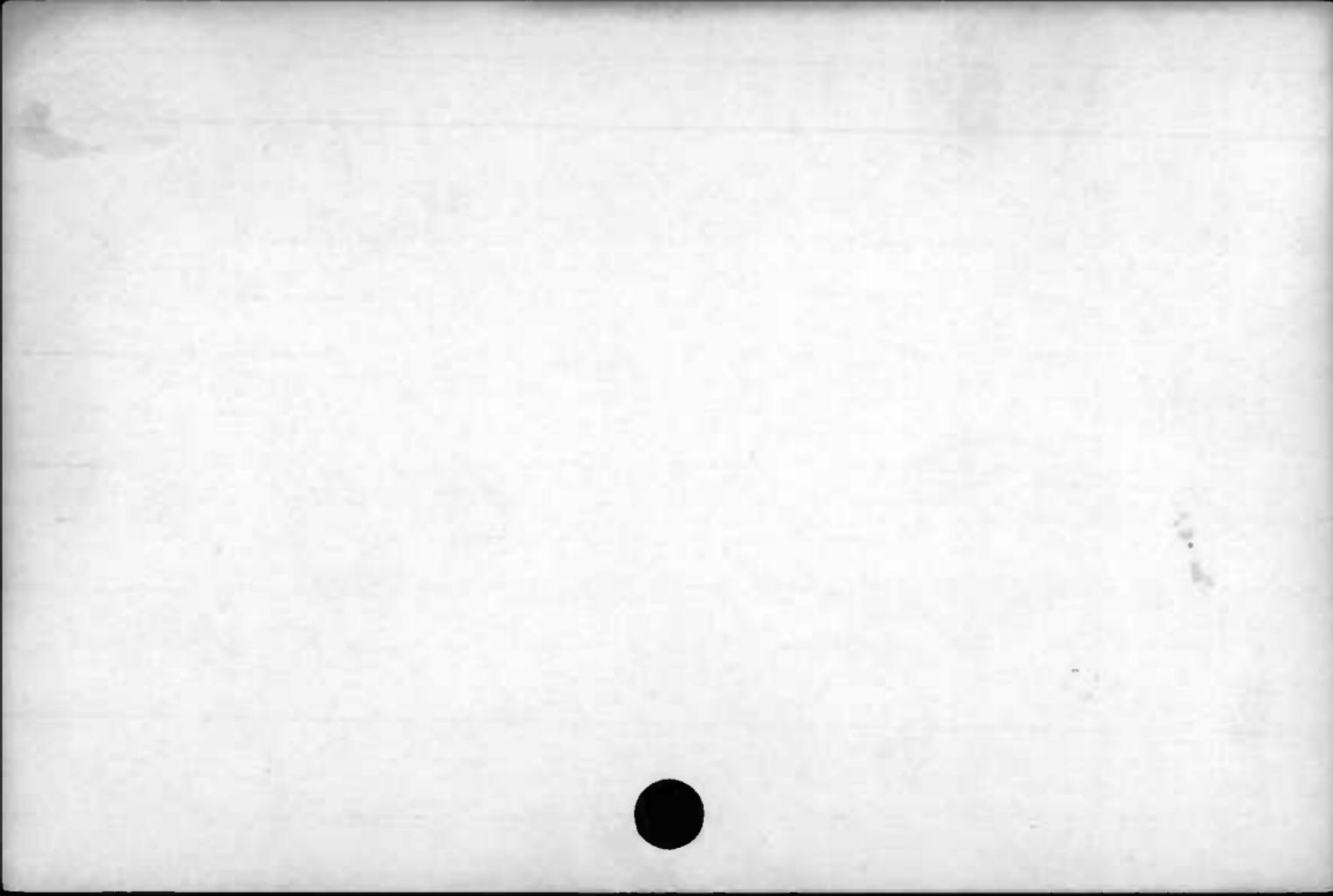
yes

Signature of Physician

W. P. Peary

Address

Accident or Suicide?



Hannah Warner

Died at Miner's Town Prince County Geo. MARYLAND

Date of death	Month	Day	Y.	M.	D.	Native of	Occupation
1903	Feb	19	54			Md	Servants
Male	White	Married		Widow	Divorced		
Female	Colored	Single	18	Widow		Number of children living	1

Husband of

Wife

Father's

Name

Lure Warner

Mother's Name

Jane Warner

Cause of

Primary

Tuberculosis

How long sick

7 months

Death

Immediate

Aschemia

Accident, Suicide, Homicide

Reported by

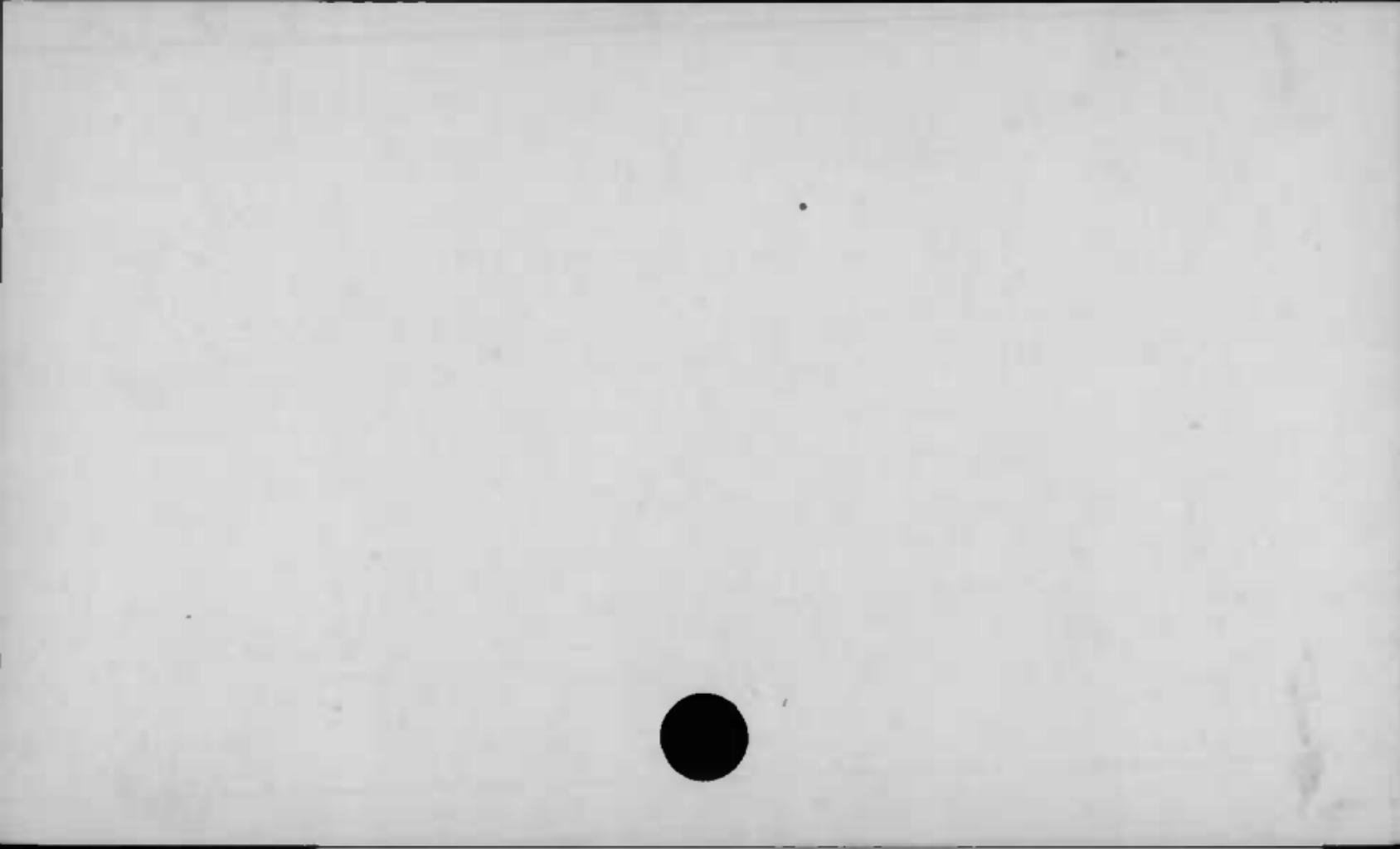
W. T. Taylor

Address

Laurel

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



William ~~Henry~~ A. Washington

Died at ^{Town} Cheltenham ^{County} Prince Georges MARYLAND

Month Day Y. M. D. Native of Occupation

Date 1903

2 10

Age 3 weeks

Md.

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's Name

Harry Washington

Mother's

Maiden Name

Lizzie Pinkney

How long sick

3 days.

Cause of

Primary

Pneumonia.

Death

Immediate

9/3
Accident, Suicide, Homicide

Reported by

Leonard Washington.

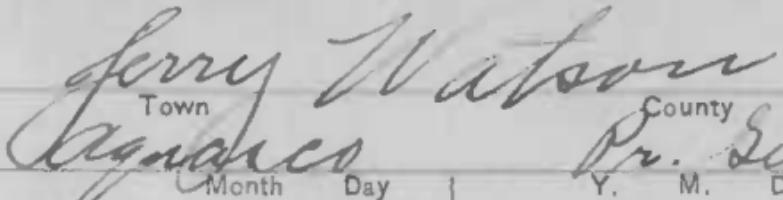
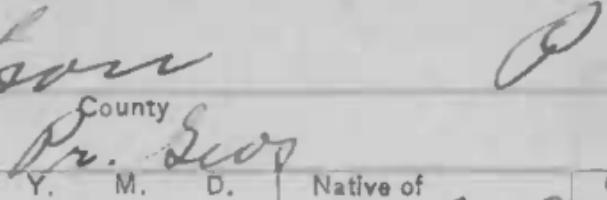
Address

Cheltenham

Prince Georges County
Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



					
Town		County		MARYLAND	
Aguares		Dr. E. G. Gross			
Died at		Y. M. D.		Native of	
Date 1903 - 2 - 7		Age 57 - 0 - 0		Ind	
Male	Month	Day	Native of	Occupation	
Female	White	Married	Widow	Farmer	
	Colored	Single	Widower	Number of children living	
Husband of	Mollie Watson				
White					
Father's Name	Mother's				
Fielder Watson	Maiden Name				
Cause of Death	Pneumonia 93				
Primary					
Immediate	Gibhamston				
	How long sick				
	Cross				
	Accident, Suicide, Homicide				
Reported by	Allerton Barron				
Address	Aguares Ind				

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Minnie Wright

CERTIFICATE OF DEATH

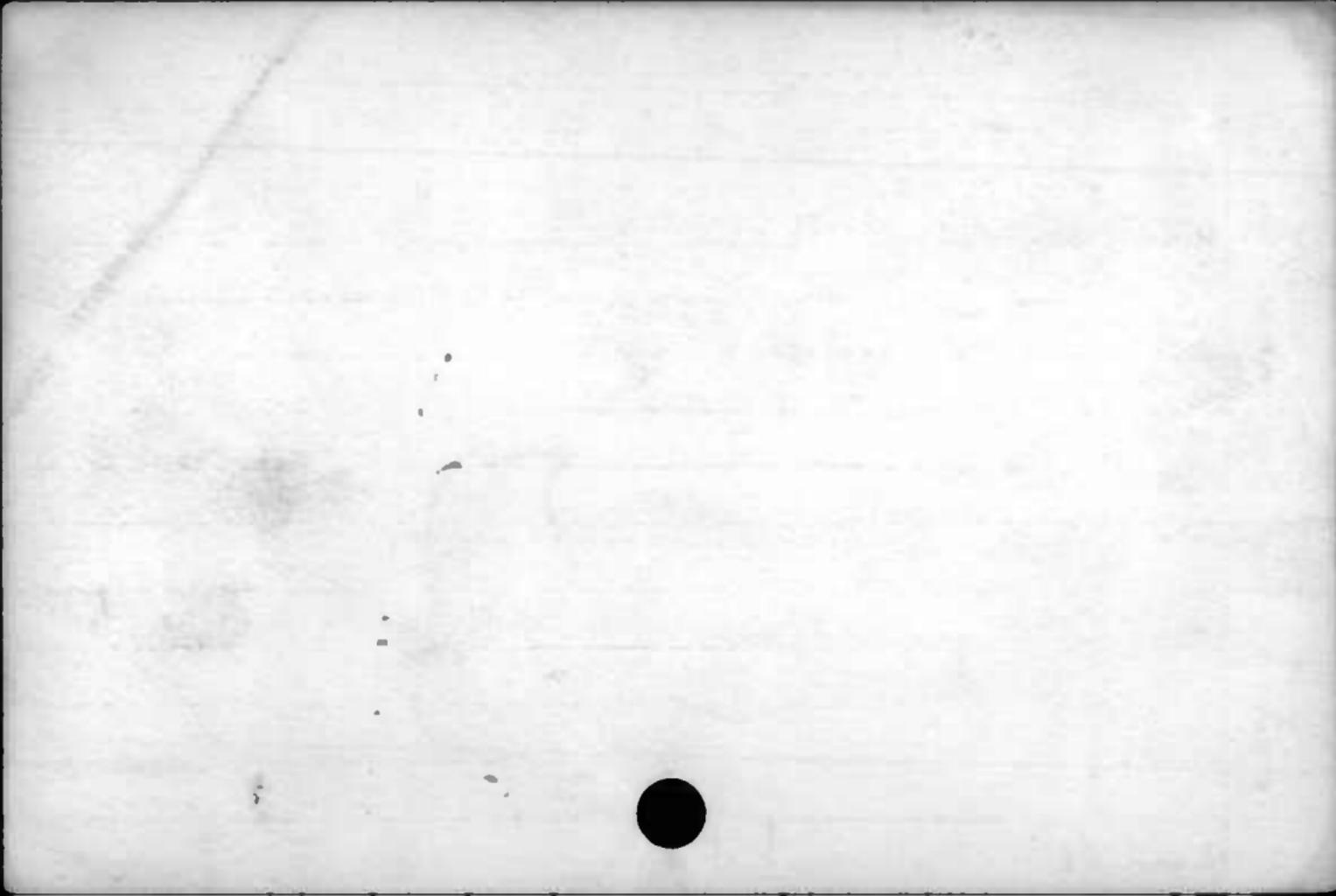
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death 1903	Month	Day	Years	Age	Months	Days	
Sex Female		Color or Race	Colored		Birth- place		
Married, Single or Widowed		Occupation		Married			
Name of Wife or Husband		Occupation		House - wife			
Father's Name		Occupation		Bobbi Wright			
Mother's Maiden Name		Occupation		Wilmara Blunt			
Name of person giving Information		Occupation		Tenia Blunt			
Name of person giving Information		Occupation		Tenia Blunt			
Name of person giving Information		Occupation		Mother			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Tuberculosis of Exhaustion from Diarrhea		How long	One Year
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Charles W. W. Middletown	
Yes		Address	Middletown Maryland	
Accident or Suicide?				



Name in Full

Certificate of Death

James Alonzo Young

Died at

Town

T B

County

Prince George

MARYLAND

Date 1903

Month

Day

S

Y.

M.

D.

Native of

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's Name

Albert H. Young

Mother's Name

Janie Dora Young

Cause of

Primary

How long sick

Immediate

Congestion of Lungs

Accident, Suicide, Homicide

Reported by

Address

J. H. B. Latimer M.D.

T B.

Prince George Co

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Mary R. J. Young

CERTIFICATE OF DEATH

Died at Woodville		Town	County D.C. Dis		MARYLAND		
Date of death 1903	Month 2	Day 24	Years 49	Age	Months 9	Days 16	
Sex Female	Color or Race White	Birth- place Woodville	Occupation Housewife				
Married, Single or Widowed Married	Name of Wife or Husband John W. Young						
Father's Name H. B. B. Yermain	Father's Birthplace Md.						
Mother's Maiden Name Sarah E. Brown	Mother's Birthplace Md.						
Name of person giving Information John W. Young	How related to deceased Husband						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Pneumonia	How long Five days
Immediate Heart Failure	How long Five days
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician H. Morton Brown
Address Aquaasco Md.	
Accident or Suicide? No.	

